

## Community Advisory Committee Quarterly/Annual Visitation Report

County Buncombe	Facility Type: <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name The Laurels of GreenTree Ridge
Visit date 6/20/2019	Time Spent in Facility 1      Hr.    30      Min	Arrival Time 09:30 Am                      PM
Name of person Exit Interview was held with Kevin Poole _____ (Name & Title) Interview was held <input type="checkbox"/> In-Person <input checked="" type="checkbox"/> Phone <input type="checkbox"/> Admin <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep		
Committee Members Present: Patti Turbyfill, Susan Schiemer		Report completed by: Susan Schiemer
Number of Residents who received personal visits from committee members:    8		
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The most recent survey was readily accessible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Required for Nursing Homes Only)</i>	Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Resident Profile</b>	<b>Comments and Other Observations</b>	
<ol style="list-style-type: none"> <li>1. Do the residents appear neat, clean and odor free?   <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</li> <li>2. Did residents say they receive assistance with personal care activities, ex. <i>brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> <input type="checkbox"/> Yes   <input type="checkbox"/> No</li> <li>3. Did you see or hear residents being encouraged to participate in their care by staff members?    <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</li> <li>4. Were residents interacting w/ staff, other residents &amp; visitors?   <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</li> <li>5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?    <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</li> <li>6. Did you observe restraints in use? <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</li> <li>7. If so, did you ask staff about the facility's restraint policies?   <input type="checkbox"/> Yes    <input type="checkbox"/> No</li> </ol>	<p>#2 Not observed this visit</p> <p># 5 One CAC volunteer was interacting with a resident who was having difficulty communicating their needs. When the CAC asked a staff member for assistance that staff member said "has nothing to do with me" as they were in housekeeping. The volunteer approached another staff member about assistance for this resident. That staff person informed the resident to go back to their room and press the call bell for help.</p>	

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Resident Living Accommodations	Comments and Other Observations
<p>8. Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside &amp; Outside.</p> <p>13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did staff answer call bells in a timely &amp; courteous manner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>14a. If no, did you share this with the administrative staff? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>#8 This community's building has two wings, one for short-term rehab and the other for long-term residents. The long-term wing rooms are decorated with personal items</p> <p># 11 Not observed this visit</p> <p>#14 In one hallway, two call bells/light were observed on for approximately 10 minutes. When volunteers knocked and asked these residents if they needed help, they observed one resident who was sitting in a wheelchair and who had vomited; this person was requesting to be put to bed. The other resident expressed that they wanted to lie down.</p>
Residential Services	Comments and Other Observations
<p>15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Are residents asked their preferences about meal &amp; snack choices? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Does the facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Family Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p># 15 The community had a full activities calendar and a notice for participants in a garden club.</p> <p>#17 No meal alternative were noted on the posted lunch or dinner menu.</p>

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Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>Staff attentiveness to residents</p>	<p>Discuss items from "<i>Areas of Concern</i>" Section as well as any changes observed during the visit.</p>

